

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | 1 | | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | 1 | | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | 3 | | | | | |
| 13 | 2 | | | | | |
| 14 | 2 | | | | | |
| 15 | 3 | | | | | |
| 16 | 3 | | | | | |
| 17 | 3 | | | | | |
| 18 | 3 | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | 1 | | | | | |
| 24 | 1 | | | | | |
| 25 | 1 | | | | | |
| 26 | 1 | | | | | |
| 27 | 1 | | | | | |
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| 29 | 1 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 1 | | | | | |
| 36 | 1 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | | | | | |
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| TOTAL IND. | 9 | | | | | |
| TOTAL DEP. | 48 | | | | | |
| TOTAL CLAIMS | 57 | | | | | |

| 1 | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |